

Department of Personnel Administration

LAYOFF PLAN AND REQUEST FOR PRELIMINARY SENIORITY SCORES

DPA-009 (REV. 01/08)



TO: D-22
Department of Personnel Administration
Classification and Compensation Division
1515 "S" Street, North Building, Suite 400
Sacramento, CA 95811-7258

DATE:

FROM: Personnel Office

SUBJECT: Layoff Plan and Request for Preliminary Seniority Scores

Section I – Background/Justification

BACKGROUND/JUSTIFICATION FOR REQUEST OF LAYOFF:

Describe the justification for the layoff; e.g., budget cut, legislation driven, elimination of functions, or reorganizations. If additional space is needed, attach more pages.

Describe the justification for determining the Area of Layoff and impact on classes; e.g., statewide, geographic/subdivisional, organizational, or functional. If additional space is needed, attach more pages.

EFFECTIVE DATE:

Enter the projected layoff effective date.

MITIGATING MEASURES:

Describe any measures used to mitigate the layoff; e.g., elimination of vacant positions, hiring freeze, reduction of nonpermanent work force, job sharing, transfers with the appointing power or transfers within the appointing power's agency, voluntary reduced work time, job sharing, partial service retirement, etc. If additional space is needed, attach more pages.

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Section II - Preliminary Seniority Scores Request

Department Name: **Wines and Vines**

Preliminary seniority scores are requested for the following classes in the areas shown (if additional space is needed, attach more pages): ***Note: List Exact Agency Code(s) of Where Each Position is Located.**

Class Code	Class Title	CBID	Number of Incumbents		Area of Layoff	
			Total	Surplus	Agency Code*	County Code
<hr/>						
Example: 1181	Word Processing Technician	R04	10	5	375	34

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Section III - Certifications by Requesting Department

Please certify that each of the following has been accomplished prior to submitting this request to the Department of Personnel Administration (DPA) by initialing in the space provided.

- (a) Permanent intermittent dates and hours of work have been posted to employees' work histories. (You should have contacted your Classification and Compensation [CCD] Analyst to determine the date to post through.)

(Initial)

- (b) Affected employees have been surveyed for prior exempt service using DPA Form 004.

- ☐ No prior service indicated.
☐ Prior exempt service included.
☐ Prior exempt service documentation is pending.

(Initial)

- (c) Demotional charts are attached to this request.

(Initial)

- (d) A list of classes and numbers of positions to be designated surplus or SROA is attached.

(Initial)

Department's Verifying/Initialing Officer

Printed Name

Position Title

Signature

Date

Phone Number

Fax Number

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DPA Approval

I certify that sections I, II, and III of this request have been completed.

Signature (CCD Analyst)

Date

I have received the certified preliminary seniority request from the above CCD Analyst.

Signature (Service and Seniority Unit Supervisor)

Date